PATENT ATTORNEY DOCKET NO. 2000P07463 US 03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Beyda, et al.	CERTIFICATE OF FACSIMILE TRANSMISSION
Serial No.: Filed:	09/504,631 February 15, 2000	The undersigned hereby certifies that this document is being facsimile transmitted to the fax number and
Title:	SYSTEM AND METHOD FOR IMPROVING MODEM	date given below.
	TRANSMISSION THROUGH	) Facsimile Number: <u>571-273-8300</u> ) No. of Pages: <u>RCE (2) + Ext (1) + Amd (8) =</u>
	PRIVATE BRANCH EXCHANGES, CENTRAL	Total (11) Date Transmitted: October 26, 2005
	OFFICES, AND TELEPHONY	220
Group Art U	OVER LAN SYSTEMS nit: 2662	) By: Jeanette L Taplin
Examiner: T		)

## REQUEST FOR CONTINUED EXAMINATION (RCE)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, 1. for the above identified application.

## TIME REQUEST IS BEING MADE

2.	This	request is being submitted:				
	[x]	Prior to abandonment of th	e application.			
i. ii.	ΙÌ	With payment of the issue fee				
•••	ří	Prior to payment of issue fee				
	ii	Issue fee has been paid but a	a petition under §1.3	313 has been g	granted	
iii.	ii	Prior to a decision on appeal	to the Board of Pate	ent Appeals &		
įV.	[]	A notice is being separately s that this Request for Conti	sent to the Board of inued Examination is	Patent Appeal being filed.	s & Interierences	
			ENCLOSURES	10/27/2005 CNG	UYEN 00000049 192179	0950463
3.	En	closed herewith is/are:	!	01 FC:1801	790.00 DA	
	[X] [ ] [ ]	A Petition for Extension Please enter the Amendm Please enter the enclose	ent filed			

Serial No.: 09/504,631

Attorney Docket No.: 2000P07463US03

[]	An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and references.
[ ]	New arguments
[ ]	New evidence in support of patentability
ίi	Other:

## FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. [x] Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Pald For	Prese Extra		Additional Fees
Total Claims	11	-20	=0_	x \$ 50	\$ 0.00
Indep. Claim	5	-5	=0	x \$200	\$ 0.00
] First Presentation of a Multiple Dependent Claim + \$300				+ \$300	\$ 0.00
Basic Filing Fee			\$ 790.00		
				Total	\$ 790.00

5. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of **\$790.00**. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 260 of 05

SIEMENS CORPORATION

Customer Number: 28524
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Respectfully submitted,

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